

Case Number:	CM15-0052884		
Date Assigned:	03/26/2015	Date of Injury:	07/17/2009
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Neurological Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old male, who sustained an industrial injury on 07/17/2009. The initial complaints or symptoms included low back pain after being involved in a motor vehicle accident while working. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, MRIs, x-rays, CT scans, electrodiagnostic testing, lumbar provocative discogram, lumbar fusion surgery (04/01/2010), and right femur repair/hip surgery (01/13/2013). Currently, the injured worker complains of low back pain (rated 9/10), right lower extremity pain (rated 7/10) with weakness in the right foot, and right hip pain. The diagnoses include right L5 radiculopathy with foot drop, recurrent herniated disc at L4-5, L3-4 and L5-S1 with facet hypertrophy stenosis, and failed L4-L5 instrumented fusion. The treatment plan consisted of redo of the L4-5 decompression and exploration of fusion, additional decompression at L3-L4 and L4-5, extension of fusion at L3 to sacrum with the exchange of instrumentation bone graft and possible transforaminal lumbar fusion with a 2-3 day hospital stay and pre-operative medical clearance, laboratory testing, EKG, and Chest X-Ray.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Extension of Fusion from L3-S1, Exchange of Instrumentation, Bone Graft, TLIF: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65, 307, 310 and 305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Fusion (Spinal), Adjacent segment disease/degeneration (fusion), Decompression, Fusion (endoscopic), Iliac crest donor-site pain treatment; Lumbar Chapter, Flexion/extension imaging studies, Hardware.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305 and 307.

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had objective evidence of any of these events. The lumbar MRI of 6/5/2013 showed no change in the anterolisthesis of 2009. Documentation does not show abnormal movement. Documentation does include details of his fractured femur compounding his pain problem. The California MTUS guidelines also emphasize the importance for clear clinical, imaging and electrophysiological evidence consistently indicating a lesion which has been shown to benefit both in the short and long term from surgical repair. Documentation does not show this evidence. Documentation does furnish evidence of the failure of interventions to help this patient. Moreover, his psychological report notes the psychological problems which the patient has contributes greater than 50% to his situation. The requested treatment is for an extension of fusion. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. The requested treatment: Extension of Fusion from L3-S1, Exchange of Instrumentation, Bone Graft, and TLIF is not medically necessary and appropriate.

Associated surgical service: 2-3 Day Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Hospital length of stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Lab: Complete Blood Count (CBC): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation emedicine.com. Perioperative Management of the Female Patient, Last Updated: December 1, 2004: Preoperative Indications for Laboratory Tests.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Lab: Basic Metabolic Panel (BMP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation emedicine.com. Perioperative Management of the Female Patient, Last Updated: December 1, 2004: Preoperative Indications for Laboratory Tests.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative UA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation emedicine.com. Perioperative Management of the Female Patient, Last Updated: December 1, 2004: Preoperative Indications for Laboratory Tests.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI): Preoperative evaluation, Bloomington (MN); 2010 Jun, page 40.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI): Preoperative evaluation, Bloomington (MN); 2010 Jun, page 40.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI): Preoperative evaluation, Bloomington (MN); 2010 Jun, page 40.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.